

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51	/				
2		/					52	/				
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49		/					99					
50		/					100					
Total Indep							Total Indep					Total Indep
Total Depend							Total Depend					Total Depend
Total Claims							Total Claims					Total Claims

BEST AVAILABLE COPY